

\_\_\_\_\_  
Full Name of Party Filing This Document

\_\_\_\_\_  
Mailing Address (Street or Post Office Box)

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Telephone Number

IN THE DISTRICT COURT OF THE \_\_\_\_\_ JUDICIAL DISTRICT OF  
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF \_\_\_\_\_

\_\_\_\_\_,  
Plaintiff,  
vs.  
\_\_\_\_\_,  
Defendant.

Case No.: \_\_\_\_\_

ACKNOWLEDGMENT OF SERVICE  
BY DEFENDANT

I, \_\_\_\_\_, the Defendant in the above-entitled action, admit and acknowledge that service of a copy of the Complaint together with a Summons [  ] Order to Attend parent education program [  ] Joint Temporary Restraining Order (Children) [  ] Joint Temporary Restraining Order (Property) [  ] other \_\_\_\_\_

\_\_\_\_\_ was made on me because I received them on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_. I certify that: I am over the age of eighteen, I am mentally competent, I read and write the English language; and:

**[check all that apply]:**

[  ] I am not in the uniformed services as defined by the Servicemembers Civil Relief Act of 2003, or

